

~~MULTIPLE DEPENDENT CLAIM~~
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DHD	DEP	DHD	DEP	DHD	DEP
1						
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TOTAL DHD.	1					
TOTAL DEP.	15	→	→	→	→	→
TOTAL	16					

	DHD	DEP	DHD	DEP	DHD	DEP
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TOTAL DHD.						
TOTAL DEP.		→	→	→	→	→
TOTAL						